21504 70138	47639 3		State of Ne Investio		Mot	or Ve	hicl	e A	ccid	en	ıt Re	eport	;	Shee	et _1	of	4	_
4	Total Nu of Vehic		Local No./ District 15		Agency Case No. B5	5-107291				ı	HIT & RUI		INVESTIGA	ATION I	MADE A		? L 1	
A/1 02 A/2	DATE OF ACCIDENT		7/2015		ÝÝ	S M T	W TH	F S	TIME O ACCIDE POLICE NOTIFIE	NT	1155 1156	itary Time)	STATE USE	ONLY	,			
В	OF ACCIDENT	CITY	Lincoln								PRIVATE PROPERT	YES NO	11/17	/201	15			
62	ROAD O	N WHIC	H STREET/	o. Holdre	ne 31st t	n 29th					ONE-WAY	YES NO	LATITUDE					
с 1	DISTANCE		FEET	o. Holdre	S E W	/ OF			HIGH	WAY I	STREET?	$\bigcirc \mathfrak{P}$	LONGITUD	)E			-	
<b>'</b>	MILEPO	ST	IF AT INTERSI	ECTION		MILEPOST		IF NO	T AT INT	ERS	ECTION							
1		NAN	ME OF INTERSECT	ING ROADWAY	′	X FE		MILES	N S	E		EAREST STREE	T, BRIDGE,	RAILF	ROAD (	ROSSIN	G	
V1/M 14 V2/M	MILES		N S E	ACCIDENT V	VAS OUTSI		IITS, IN	W OF	DISTANC NEAREST Y OR TOW		ROM NEAF	REST TOWN						
01 E 2	R. WORK ZONE CODES	R1	R2 R3 R4	S. PEDES CLASS CODES	IFICATION	S1 S2	S3	S4 S5-	-a S5-b	S6-a	S6-b	DOES ACCIDE STATE DEPT.	OF ROAD					
F				.		VE	HICLE	NO. 1						=			╡	
1 V1/N	DRIVER LICENSE DRIVER		NO. 169CC	2291					PHONE	25.0	2020	STATE (Of License)	IA LOCAL NO	SE O.		→ FEMALE → MALE		
2	DRIVER ADDRE	ESS	KENDALL			TATE, ZIP			/12-	.253	3-2938	DATE OF	00/00	2/4.04	25		V1/1	
V2/N <b>2</b>	OWNER		P RD, LINCO	DLN, NE	68521				PHONE			BIRTH (MM / DD / YYYY	02/28		95		18	
G	CASEY OWNER ADDRE		ENDALL		CITY, S	TATE, ZIP			712		3-2938 SITATION	<b>X</b> YES	CITATION	NO.			V1/2	
2			P, LINCOLI	N, NE 685							⊃ PEND		LB482	2891			V1/3	_
н 5	LICENSE PLATE	PA	NO. 274ZIS	MAKE		IODEL		BODY ST			YEAR ate Expires)	2016	STIMATED D	(Of Pl	late)	IA	V1/4	
V1/O	VEHICLE		200 <b>7</b>	Chevrole		MONTE (	CARL		or Seda	an	white	E COMPANY	TOTALE	D \$	3500	)	V 1/4	
2 V2/O	VEHICLE ID NO. (VIN)	2G	1WK15K779	144030							FARI	M BUREAL	J				V1/5 — 18	
2	TOWED TO				TOWED BY						7960						V1/6	
1	DRIVER					VE	HICLE	NO. 2				STATE	T	Т.	X	FEMALE	35	
<b>1</b>	LICENSE DRIVER		NO. H13357	666					PHONE			(Of License)	NE LOCAL NO	SE O.	EX S	MALE	_	
1	MIKAYL.		UTTS		CITY, S	TATE, ZIP			402	-29	7-1755	DATE OF					V2/1	
V2/P			LMWOOD, N	NE 68349					PHONE			BIRTH (MM / DD / YYYYY) 02/21/1994 LOCAL NO.				18 V2/2		
1 J	TAMMY OWNER ADDRE		RCOE(05-05	5-1971)	OITY O	TATE, ZIP					7-1755		CITATION					
01			T, PO BOX	129, ELM			19				PEND	NG X NO	CHAHON				V2/3	
V1/Q 4	LICENSE PLATE		NO. 20BV10								YEAR ate Expires)	2016		STAT (Of Pl	late)	NE	V2/4	_
V2/Q	VEHICLE	YEAR	1999	Plymou		BREEZE		4 doc	r Seda	an	gray		STIMATED D			)	V2/5	_
4 K	VEHICLE ID NO. (VIN)	1P3	BEJ46X4XN6	61204							1	E COMPANY MERS MU	ΓUAL				18	
01	TOWED TO				TOWED BY						POLICY NO			<u> </u>			V2/6 35	
	(	Comp	olete this se	ection for	r all inju	ured pers	sons					OF BIRTH	Seat Position	<b>2</b> Eject	Body	Injury Sev.	5 rans. M	ΞX
VEH. #	NAME	(0011	ipiete a continuati		DRESS	ree were mju	rea)				(111117	257	Position	,,,,,,	Region	Sev.		_
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	ERVICE NAM	ΛE		EMS RUN REPORT NO.							
VEH. #	NAME			AD	DRESS					Т						$\top$		
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	ERVICE NAM	ΛΕ				EMS RUI	N REPO	DRT NO.			
VEH. #	NAME			AD	DRESS					_								
V ⊑П. #			Interior				leve :	-D. // 2 - · · ·	45				F. 15					
	LOCAL NO.		MEDICAL FACILITY	NAME			I EMS SE	ERVICE NAM	ΊL				EMS RUI	N KEPC	ארו NO.			

	THE F	FOLLOWING		N IS REQUIRED FO	1	ITS ENCY CASE NO.	
			INDICATE	BY DIAGRAM WHAT HAF	B	5-107291	
Indicate							
North by Arrow						•	
by Allow							
						•	
(4	1.0	6' S of N of H					
( )	1 )	285' E of E o					
	2.	6.s of N of Ho 273 E of E o		lua era — 201			
	3	6's of N of H		lrege = 30'			
		261' E of E o				to	31st ——→
-			4				0101
	4	3 2					
		<del>-\</del>		<del></del>			
	poi 3	poi 2	poi 1				
	<del></del>	and a second second					
			Holdr	ege			
←to 29th							
						No	ot To Scale
				BASED ON OFFICER'S I			
	-		_	Holdrege when struck from			-
Denina ven #2 wnen	It stopped. Driver	T COUID HOL SLOP	In tittle to avoid a	striking the rear of veh #2.	TIIIS Cause a chain rea	gClion nerwee	n venicies ∠,3 and 4.
OBJECT DAMAGED	OWNER NAME		ADDRESS	3	PHONE		APPROX. COST OF DAMAGE
OBJECT DAMAGED  OBJECT DAMAGED	OWNER NAME		ADDRESS		PHONE		APPROX. COST OF DAMAGE  APPROX. COST OF DAMAGE
TERT							\$
OBJECT DAMAGED				3		PHO	APPROX. COST OF DAMAGE
OBJECT DAMAGED			ADDRESS ADDRESS	3			APPROX. COST OF DAMAGE  NE
OBJECT DAMAGED			ADDRESS	3		PHOI PHOI	APPROX. COST OF DAMAGE  NE
OBJECT DAMAGED  NAME  NAME	OWNER NAME	POINT OF IMPAG	ADDRESS ADDRESS ADDRESS	3		PHOI	APPROX. COST OF DAMAGE S NE NE
OBJECT DAMAGED  OBJECT DAMAGED  NAME  VEHICLE MOVEN BEFORE COLLIS	OWNER NAME	POINT OF IMPAC	ADDRESS  ADDRESS  ADDRESS  CT AND D AREA	3	PHONE		APPROX. COST OF DAMAGE  NE  VEH
OBJECT DAMAGED  OBJECT DAMAGED  SOURCE  NAME  VEHICLE MOVEN  BEFORE COLLIS  VEH N. C. F. W. ROA	OWNER NAME		ADDRESS  ADDRESS  ADDRESS  CT AND D AREA	AIRBAG DEPLOYED	PHONE  RESTRAINT USE	TOTAL OCCUPAN ALCOHOL	APPROX. COST OF DAMAGE  NE  NE  VEH 1 VEH 2 1  L Driver Driver Pedes
OBJECT DAMAGED  OBJECT DAMAGED  NAME  VEHICLE MOVEN BEFORE COLLIS	OWNER NAME  IENT BION D OR AY NAME  (E.	MOST DAMAGE	ADDRESS  ADDRESS  ADDRESS  CT AND D AREA	AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPAN ALCOHOL TESTING	APPROX. COST OF DAMAGE  NE  NE  VEH 1 VEH 2 1  L Driver Driver Pedes
OBJECT DAMAGED  SS NAME  VEHICLE MOVEN BEFORE COLLIS  VEH N S E W ROAM HIGHW  1 X HOLD	OWNER NAME  IENT SION D OR AY NAME  REGE  VE	MOST DAMAGEI	ADDRESS  ADDRESS  ADDRESS  CT AND D AREA each vehicle)  VEHICLE 2	AIRBAG DEPLOYED VEHICLE 1  - 4	PHONE  RESTRAINT USE	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL	APPROX. COST OF DAMAGE  S  NE  NE  VEH 1 VEH 2 1  L Driver No. 1 No. 2 trian  Y Y Y Y Y
OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  VEHICLE MOVEN BEFORE COLLIS  VEH N S E W HIGHW  1 X HOLD  2 X HOLD	OWNER NAME  IENT BION D OR AY NAME REGE VE  POINT O IMPACT MOST	MOST DAMAGEI inter numbers for e  CHICLE 1  POI IM	ADDRESS  ADDRESS  ADDRESS  CT AND D AREA each vehicle)  VEHICLE 2  INT OF 05	AIRBAG DEPLOYED VEHICLE 1  4  1 Deployed - front 2 Deployed - side	RESTRAINT USE VEHICLE 1	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL	\$  APPROX. COST OF DAMAGE  \$  NE  NE  NE  NE  VEH 1
OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  VEHICLE MOVEN BEFORE COLLIS VEH N S E W ROAM 1 X HOLD 2 X HOLD 1 01 06 Turn	OWNER NAME  IENT BION D OR AY NAME REGE VE DREGE POINT O IMPACT MOST	MOST DAMAGEI Inter numbers for e	ADDRESS  ADDRESS  ADDRESS  CT AND D AREA each vehicle)  VEHICLE 2  INT OF 105	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed	RESTRAINT USE VEHICLE 1  1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL TESTED BAC LEVEL	APPROX. COST OF DAMAGE  NE  NE  NE  NE  NE  NE  NE  NE  NE
OBJECT DAMAGED   OBJE	OWNER NAME  IENT SION AD OR AY NAME  REGE  VE  DREGE  POINT O IMPACT  ANAMAGE  AREA  string	MOST DAMAGEI Inter numbers for e  HICLE 1  F 01  DAA A	ADDRESS  ADDRESS  ADDRESS  CT AND D AREA each vehicle)  VEHICLE 2  INTO OF MACE D MACED NOST MACED AREA	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side	RESTRAINT USE VEHICLE 1  1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 6 Child booster seat used 7 DOT approved helmet use	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL TESTED BAC LEVEL ALCOI DRU	S
NAME	OWNER NAME  IENT BION AN AME  REGE  POINT O IMPACT DAMAGE AREA  Ing left In	MOST DAMAGEI Inter numbers for e  HICLE 1  F 01  MAA A	ADDRESS  ADDRESS  ADDRESS  CT AND D AREA each vehicle)  VEHICLE 2  IINT OF 05  MOST MAGED 05	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/	RESTRAINT USE VEHICLE 1  1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL TESTED BAC LEVEL ALCOL DRU SUSPE	S
NAME	OWNER NAME  IENT SION AD OR AY NAME  REGE  POINT O IMPACT IMPACT IMPACT AREA  Pring c lane ring c lane c lane ited  OWNER NAME  (E.)	MOST DAMAGEI Inter numbers for e  HICLE 1  F 01 POI IM DAM A  B 02 I & windows Precarriage 01 - /	ADDRESS  ADDRESS  ADDRESS  CT AND D AREA each vehicle)  VEHICLE 2  INTO OF MACE D MACED NOST MACED AREA	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available	RESTRAINT USE VEHICLE 1  1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet use 8 Costume helmet used	TOTAL OCCUPAN  ALCOHOL TESTING  ALCOHOL LEVEL TESTED  BAC LEVEL  ALCOID DRU SUSPE  1 Neither	S
OBJECT DAMAGED  OBJECT DAMAGED	OWNER NAME  IENT SION AD OR AY NAME  REGE  VE  DREGE  POINT O IMPACT  AREA  Fring c lane ving c lane ving c lane ving c lane ving of lane ving ving c lane ving ving c lane ving ving c lane ving ving ving ving ving ving ving ving	MOST DAMAGEI Inter numbers for e  CHICLE 1  F 01  DAMA  DAMA  O 01  C 01	ADDRESS  ADDRESS  ADDRESS  ADDRESS  CT AND D AREA each vehicle)  VEHICLE 2  INTO O 5  MOST MAGED NO 5  AREA 0 0 5  O 5  O 5  O 5  O 6 0 5  O 7  O 7  O 8 0 7  O 9 0 7	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown	RESTRAINT USE VEHICLE 1  1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	TOTAL OCCUPAN  ALCOHOL TESTING  ALCOHOL LEVEL TESTED  BAC LEVEL  ALCOI DRU SUSPE  1 Neither 2 Yes - alc 3 Yes - dru 3 Yes - dru	APPROX. COST OF DAMAGE  NE  NE  NE  NE  NE  NE  NE  NE  NE
OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  VEHICLE MOVEN BEFORE COLLIS  VEH N S E W HIGHW  1 X HOLD  2 X HOLD  1 01 06 Turr  07 Mak 08 Ente traff 01 Essentially straight ahead 10 Backing 10 Park 03 Changing lanes 11 Slov	OWNER NAME  IENT SION  AD OR AY NAME  REGE  POINT O IMPACT IMPACT IMPACT IMPACT ON NONE AREA  ON NONE ON TO BE AREA  ON NONE ON TO BE AREA  IN Under In Unde	MOST DAMAGEI Inter numbers for e  HICLE 1  F 01 POI IM DAM A  B 02 I & windows Precarriage 01 (all areas)	ADDRESS  ADDRESS  ADDRESS  CT AND D AREA each vehicle)  VEHICLE 2  INTO OF MACED MAC	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown  VEHICLE 2	RESTRAINT USE VEHICLE 1  1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet use 8 Costume helmet use 8 Restraint use unknown VEHICLE 2	TOTAL OCCUPAN  ALCOHOL TESTING  ALCOHOL LEVEL TESTED  BAC LEVEL  ALCOI DRU SUSPE  1 Neither 2 Yes - alc 3 Yes - dru 3 Yes - dru	APPROX. COST OF DAMAGE  NE  NE  NE  NE  NE  NE  NE  NE  NE
DEJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  VEH NOLLE MOVEN BEFORE COLLIS  VEH NOLL X HOLD  X HOLD  X HOLD  1 01 06 Turn 07 Mak 02 11 08 Enter traff 01 Essentially straight ahead 02 Backing 10 Park 03 Changing lanes 11 Slow 04 Overtaking/ Passing 12 Othe 05 Turning right 13 Unk	OWNER NAME  IENT BION  AD OR AY NAME  REGE  POINT O IMPACT DAMAGE AREA  ON None oring c lane ving or ped in traffic ped in traffic er nown	MOST DAMAGEI Inter numbers for e  CHICLE 1  F 01  DAMA  DAMA  O 01  C 01	ADDRESS  ADDRESS  ADDRESS  ADDRESS  CT AND D AREA Pach vehicle)  VEHICLE 2  INT OF O5  IMPACT O6	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown  VEHICLE 2	RESTRAINT USE VEHICLE 1  1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	TOTAL OCCUPAN ALCOHOL LEVEL TESTED BAC LEVEL TESTED BAC LEVEL 1 Neither 2 Yes - alc 3 Yes - dr 4 Yes - alc 5 Unknow	APPROX. COST OF DAMAGE  NE  NE  NE  NE  NE  NE  NE  NE  NE
OBJECT DAMAGED  OBJECT DAMAGED	OWNER NAME  IENT SION  AD OR AY NAME  REGE  POINT O IMPACT  IMPACT  IMPACT  DAMAGE  AREA  ON None OP Top 8 10 Unde 11 Total 12 Othe  TROOP/ TEAM/ TEAM	MOST DAMAGEI Inter numbers for e  CHICLE 1  F 01  DAMA  DAMA  O 01  C 01	ADDRESS  ADDRESS  ADDRESS  ADDRESS  CT AND DAREA Pach vehicle)  VEHICLE 2  INT OF O5  MOST MAGED NO5  MAGED NO5  MOST NO6  DEPARTM	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown  VEHICLE 2	RESTRAINT USE VEHICLE 1  1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet use 8 Costume helmet used 9 Restraint use unknown VEHICLE 2	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL TESTED BAC LEVEL ALCOI DRU SUSPE 1 Neither 2 Yes - alc 3 Yes - dru 4 Yes - alc 5 Unknow	APPROX. COST OF DAMAGE  NE  NE  NE  NE  NE  NE  NE  NE  NE
DEJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  OBJECT DAMAGED  VEH NOLLE MOVEN BEFORE COLLIS  VEH NOLL X HOLD  X HOLD  X HOLD  1 01 06 Turn 07 Mak 02 11 08 Enter traff 01 Essentially straight ahead 02 Backing 10 Park 03 Changing lanes 11 Slow 04 Overtaking/ Passing 12 Othe 05 Turning right 13 Unk	OWNER NAME  IENT SION AD OR AY NAME  REGE  POINT O IMPACT IMPACT IMPACT ON None On None On None On None On Impact On None On None On Impact On None On None On Impact On	MOST DAMAGEI Inter numbers for e  HICLE 1  F 01  DAM A  O2   8 windows - (all areas) - (all areas) - (08    CE	ADDRESS  ADDRESS  ADDRESS  ADDRESS  CT AND DAREA Pach vehicle)  VEHICLE 2  INT OF O5  MOST MAGED NO5  MAGED NO5  MOST NO6  DEPARTM	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown  VEHICLE 2  JAINT OIN Police Department	RESTRAINT USE VEHICLE 1  1 None used - vehicle occup 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet use 8 Costume helmet used 9 Restraint use unknown VEHICLE 2	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL TESTED BAC LEVEL ALCOI DRU SUSPE 1 Neither 2 Yes - alc 3 Yes - dru 4 Yes - alc 5 Unknow	APPROX. COST OF DAMAGE  NE  NE  NE  NE  NE  NE  NE  NE  NE

	15047639 )138	Investigator's	Motor Vehicl	e Accident C	Continuati	on Repo	ort s	heet	3 of	4
		Local No./ District 15		Agency Case No. B5-107291		·			ATE USE Of	NLY
Vehicle		ENT (MM / DD / YYYY)	PLACE COUNTY	Lancaster						
Codes from	11/17/2015		OF ACCIDENT CITY I in	coln						
Overlay #2	ROAD ON WHICH ACC	IDENT OCCURRED STREE		Idrege 31st to 29t	-h					Sequence of Event
VEH.#				EHICLE NO. 3						VEH. #
3	DRIVER LICENSE NO.	H13355414				STATE (Of License)	NE	SEX 2	FEMALI MALE	3
м 01	HANNAH E HOP	PPMANN		PHONE <b>40</b> 2	2-570-3741		LOCAL NO.			1. 18
N	DRIVER ADDRESS 4000 S 40TH ST	, LINCOLN, NE 685	506	lauous		DATE OF BIRTH (MM / DD / YYYY)	03/27/	1993		2.
2		PPMANN 10-28-195	CITY, STATE, ZIP	PHONE 402	2-730-279		LOCAL NO.			3.
2	4000 S. 40TH, LI	NCOLN, NE 68506				YES NG X NO				
1	LICENSE PA NO.		MODEL	BODY STYLE	YEAR (Plate Expires)	2016		STATE Of Plate)	NE	4.
4	VEHICLE YEAR 20	012 Honda	CIVIC	4 door Sed			TOTALED		0	5. 18
		32F54CH562519				CAN FAM	ILY			6.
	TOWED TO		TOWED BY		POLICY NO. 2690-2	835-02-79	-FPPA-N	٧E		35
VEH.#			V	EHICLE NO. 4		T	1		<u> </u>	VEH. #
4	DRIVER LICENSE NO. DRIVER	H13271086		PHONE	=	(Of License)	NE LOCAL NO.		X FEMALI MALE	4
м <b>01</b>	MIRANDA L HIC	CKS	CITY, STATE, ZIP		2-904-0246	DATE OF	EGONE NO.			1. 18
N N	1747 SOUTH ST	Γ APT 1, LINCOLN,				BIRTH (MM / DD / YYYY)		1991		2.
2	OWNER MIRANDA L HIC	CKS		PHONE 402	= 2-904-0246		LOCAL NO.			
。 <b>2</b>	OWNER ADDRESS 718 S. 49TH, LIN	NCOLN, NE 68510	CITY, STATE, ZIP		CITATION  PENDIN	YES NG X NO	CITATION N	Э.		3.
1	LICENSE PA NO.	SUA879			YEAR (Plate Expires)	2016		STATE Of Plate)	NE	4.
Q Q	VEHICLE 2	2003 Öldsmob	ile MALERO	4 door Sed		~	)   STIMATED DA > TOTALED	MAGE 50	0	5.
4	VEHICLE ID NO. (VIN) 1G3NI	L52E13C144579			INSURANCE					18
	TOWED TO		TOWED BY		27460					35
	VEHICLE MOVEMENT BEFORE COLLISION	POINT OF IN	-	AIRBAG DEPLOYED VEHICLE 3		AINT USE	TOTA			VEH
	POAD OR	(Enter numbers t	MOST DAMAGED AREA (Enter numbers for each vehicle)					IOL Dr	_	4 1 Driver No.
3	X HOLDREGE	VEHICLE 3	VEHICLE 4	4			ALCOHO			Υ
4	X HOLDREG	E POINT OF IMPACT 05	POINT OF IMPACT 05	1 Deployed - front	1 None used 2 Lap & shou		' I LEVEL	· H		N X
3	11 06 Turning left	MOST DAMAGED 05 AREA	MOST DAMAGED 05 AREA	<ul><li>2 Deployed - side</li><li>3 Deployed - both front/sid</li><li>4 Not deployed</li></ul>	5 Child safety	y used seat used	BAC LEVI	Dr	river No.	Driver No.
4	07 Making U-tur 08 Entering traffic lane	n and the		5 Not applicable/ No airbag available	6 Child booste 7 DOT approv 8 Costume he	ed helmet used	DRUG	HOL/ GS —	3	_4_
01 Esse		00 None <b>02</b> 09 Top & windows	2   03   04	6 Unknown  VEHICLE 4	9 Restraint us		SUSPEC	er alcohol r	nor drugs s	1
02 Bacl 03 Cha 04 Ove Pass	king 10 Parked Inging lanes 11 Slowing or Irtaking/ stopped in tr	affic 10 Undercarriage 01 11 Total (all areas) 12 Other 08	05 3 07 06	- 4	- 2		2 Yes - 3 Yes -	alcohol sus drugs susp alcohol & c	spected pected	·
	Comple	te this section for	all injured per	sons		OF BIRTH	1 Seat	2 3 Eject Body	y Injury T	5 Frans. M F
\/F!! #	NAME	ADD	DRESS		(IVIIVI / L	567 1111)	Position	Regio	on Sev. 1	Tano. WT
VEH. #		EDICAL FACILITY NAME		EMS SERVICE NAME			EMS RUN	REPORT NO	). ).	
	NAME	ADD	DRESS							
VEH. #		EDICAL FACILITY NAME		EMS SERVICE NAME			EMS RUN	REPORT NO	<u> </u>	
	NAME		DRESS							
VEH. #	!		INLOO	True orbital			F110			
	LOCAL NO. ME	EDICAL FACILITY NAME		EMS SERVICE NAME			EMS RUN	REPORT NO	).	

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT										
						AGENCY CAS	SE NO. 201			
(						D3-107	231			
Indicate North										
North by Arrow										
			•		•	•		•	•	
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➤ OBJECT DAMAGED OWNER NAME		ADDRESS			PHONE		APF	PROX. COST OF I	DAMAGE	
ERT								PROX. COST OF I		
OBJECT DAMAGED OWNER NAME		ADDRESS			PHONE		APF	PROX. COST OF I	DAMAGE	
(a) NAME		ADDRESS					PHONE			
388										
OBJECT DAMAGED OBJECT DAMAGED OBJECT DAMAGED OBJECT DAMAGED OWNER NAME		ADDRESS					PHONE			
>										
OFFICER NO. TROOP/		DEPARTMENT								
965 TROOP/ TEAM/ BEAT CE		DEPARTMENT Lincoln Poli	ce Depar	tment						
965  INVESTIGATOR NAME (Print or Type)  TROOP/ TEAM/ BEAT CE			ce Depar	tment			TE OF /			